

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James R. Miller		Town Myantown		County Chorley		MARYLAND	
Died at Myantown		Month Aug.		Day 6		Age 86	
Date of death 190 6		Months —		Years 86		Days —	
Sex Male		Color or Race Cold		Birth-place Ind			
Married, Single or Widowed Married		Occupation Farmer					
Name of Wife or Husband Mary							
Father's Name Roch Miller		Father's Birthplace Ind					
Mother's Maiden Name Mary Ford		Mother's Birthplace Ind					
Name of person giving information Alphonse Miller		How related to deceased Son					

CAUSES OF DEATH

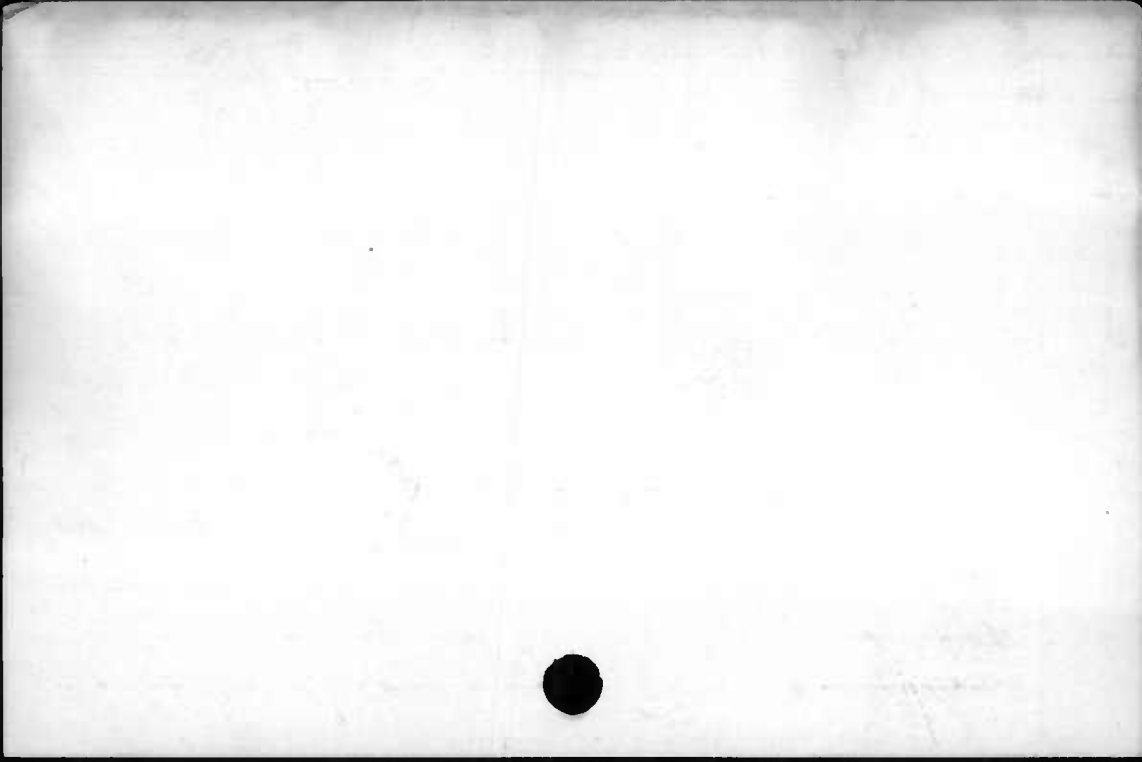
PHYSICIAN
OR CORONER

Primary General debility	How long 2 or 3 years
Immediate Yes	How long 1
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. B. Connors
	Address Myantown
Accident or Suicide? Ind	



Name in Full Louise A. Dornier		CERTIFICATE OF DEATH	
Died at Pennocky Town Chas. County		MARYLAND	
Date of death 1906 Aug 21	Month Aug Day 21	Age 72	Years 4 Months - Days -
Sex Female	Color or Race White	Birthplace Chas. Co Md	
Occupation House wife	Where Residing if not at place of death at place of death		
Married, Single or Widowed Widow	Name of Wife or Husband Geo. W. Dornier		
Father's Name Nathaniel Hally	Father's Birthplace Chas. Co Md		
Mother's Maiden Name Sophia Murre	Mother's Birthplace Chas. Co Md		
Name of person giving information B. W. Dornier	How related to deceased Son		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Typhoid Fever	How long 3 weeks
	Immediate	Pennocky Co Md	How long
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Mitchell
	Address Pennocky Md		
Accident or Suicide? No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *David Duckett -*
Town *near White Plain* County *Charles*
Died at *near White Plain* MARYLAND
Date of death *1906* Month *aug.* Day *4th* Age *about 84* Years Months Days
Sex *male* Color or Race *african* Birth-place *Charles co Md*
Occupation *Labourer* Where Residing if not at place of death *near White Plain Md*
Married, Single or Widowed *married* Name of Wife or Husband *Julia*
Father's Name *Thomas Duckett* Father's Birthplace *Charles co Md*
Mother's Maiden Name *Julia Boannon* Mother's Birthplace *Charles co Md*
Name of person giving information *Nysell P. Hawthkins* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *old age - gradual decay* How long *1*
Immediate *1* How long *1*

Are the name, age, sex, color, date and place correctly given above?

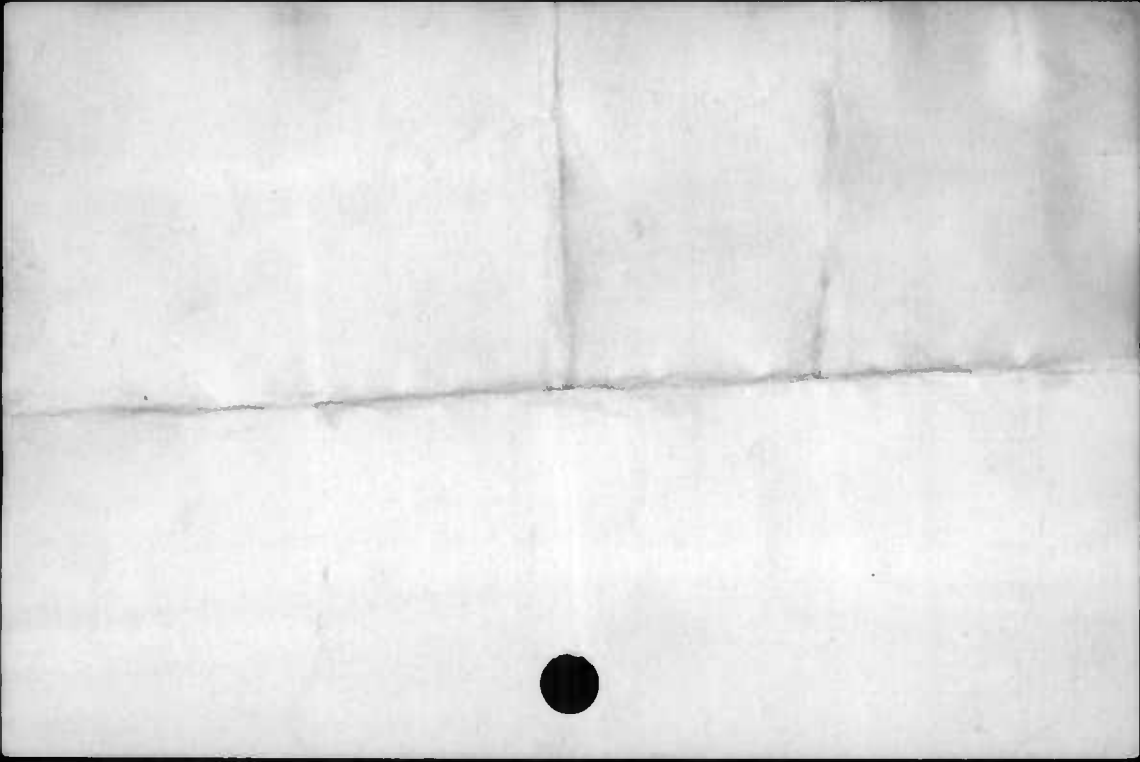
yes

Signature of Physician

Address

P. Hawthkins M.D.
La Plata Md

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

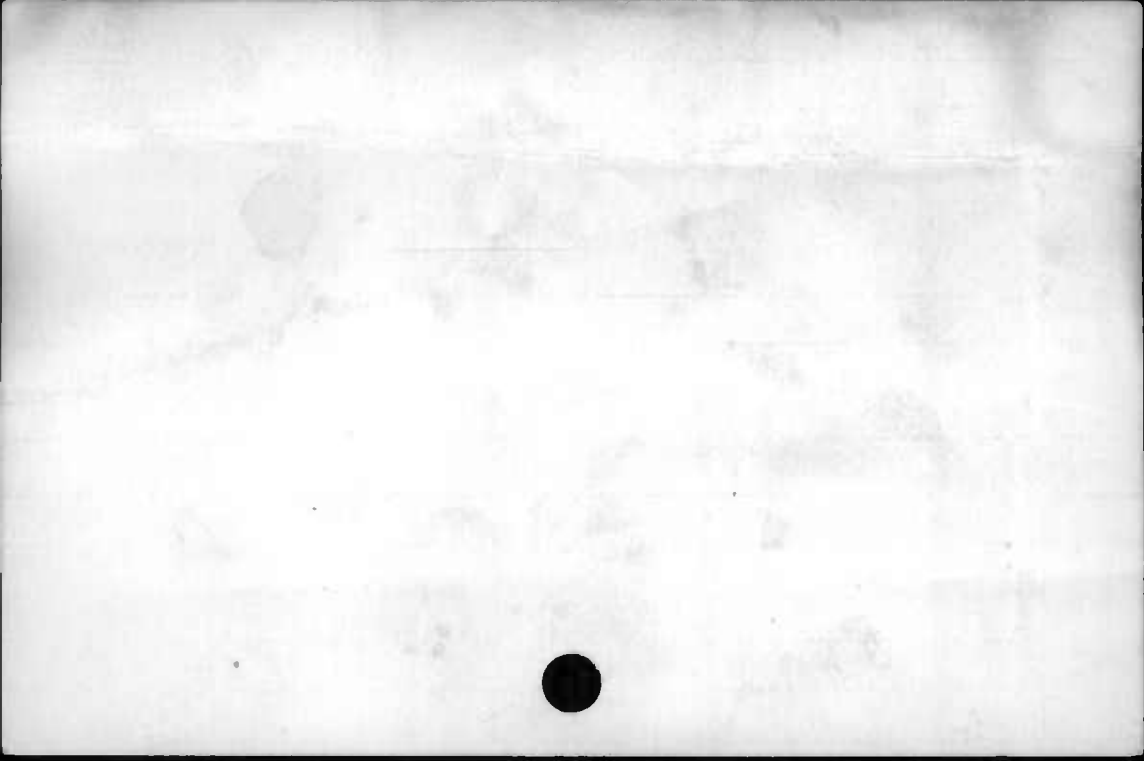
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1906	Month	August	Day	22	Age	49
Sex	Male	Color or Race	White	Birthplace	Chas Co. Md		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		John Dunnington				Father's Birthplace	
Maryland							
Mother's Maiden Name		Angelina				Mother's Birthplace	
Maryland							
Name of person giving Information		John Dunnington				How related to deceased	
Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Hemoptysis	24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	B. L. Smith
	Address
	Lionsides, Md.
Accident or Suicide?	



Name
in
Full

Daniel Gault

CERTIFICATE OF DEATH

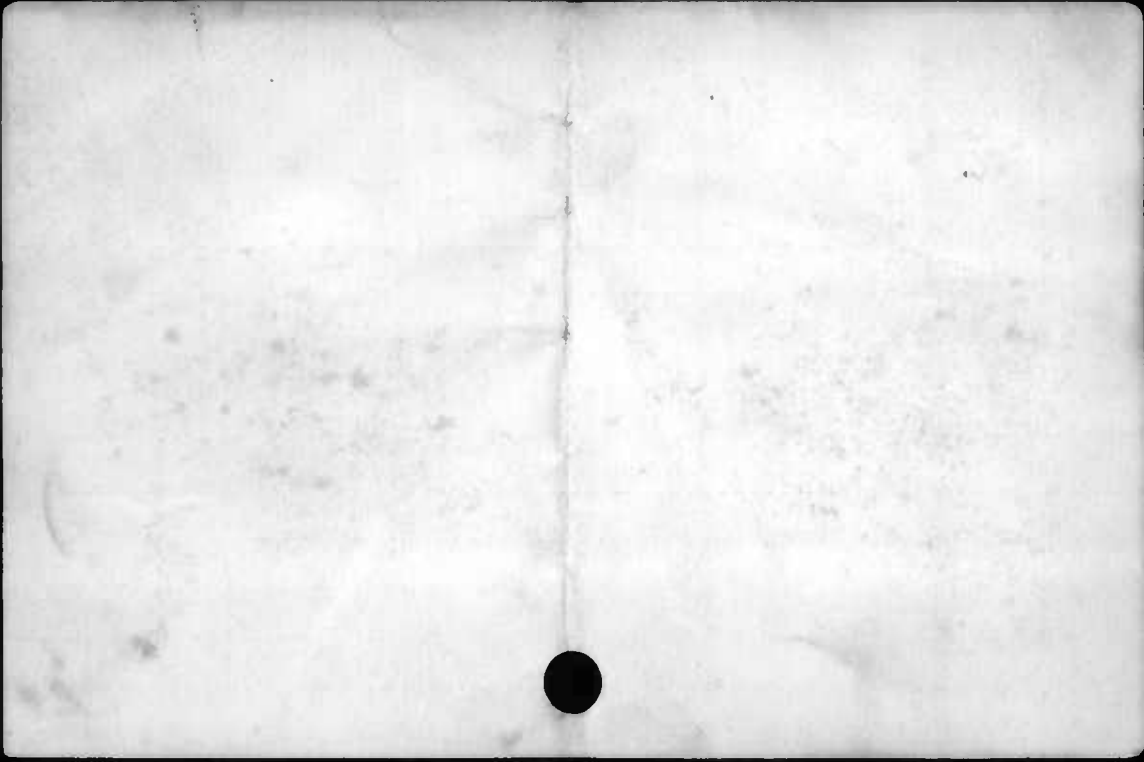
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Gallatin - Green		County		Cherokee		MARYLAND	
Date of death	1906	Month	Aug.	Day	3	Years	46	Months	
Sex	male		Color or Race	Colored		Birth-place	Md		
Occupation	Laborer				Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Daniel Gault					Father's Birthplace	Md		
Mother's Maiden Name	—					Mother's Birthplace	—		
Name of person giving Information	William Moore					How related to deceased	Wson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	1 year
Immediate	Aschemia		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	L. C. Garrison
			Address	Myerstown
				Md
Accident or Suicide?				



Name in Full

Infant

Giladav

Died at ^{Town} *Wob Neck*^{County} *Char*

MARYLAND

Date 1906 ^{Month} *aug.* ^{Day} *70* | ^{Y.} | ^{M.} | ^{D.} | ^{Native of} | ^{Occupation}

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name *Thw. Giladav*Mother's Maiden Name *Clotilde Billings*Cause of ^{Primary} *Not known*Death ^{Immediate}

How long sick

2 days

Accident, Suicide, Homicide

Reported by *Peter Billings*Address *Isom. Md.*

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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Grayson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *La Plata* ^{Town} *Chas Co* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *8* ^{Day} *10* ^{Years} *25* ^{Months} ^{Days}

Sex *male* Color or Race *C* Birth-place *md.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single
or Widowed*S.*Name of Wife or
HusbandFather's
Name*Edward Grayson*Father's
Birthplace*md Va*Mother's
Maiden Name*Mary Hawkins*Mother's
Birthplace*md*Name of person giving
In formation*Joseph H Grayson*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Serfula. Abscess Brain.

How long

7 months

Immediate

Conjestion Brain

How long

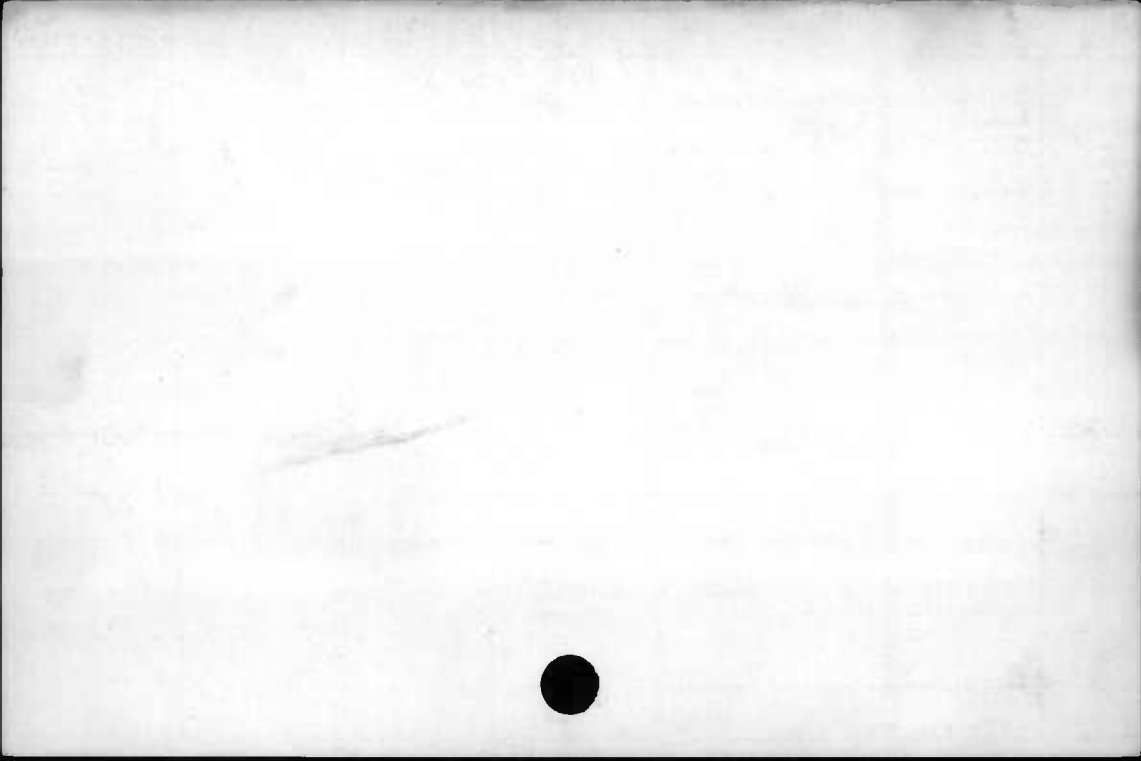
*4 days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Samuel L. Harmon*

Address

*La Plata**md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Dorcas L. Hawkins
 Died at *Plainfield* ^{Town} *Chas* ^{County}

MARYLAND

Date *1906* ^{Month} *Aug.* ^{Day} *21* ^{Y.} *2* ^{M.} ^{D.} ^{Native of} ^{Occupation}

☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living

Husband
of
Wife

Father's Name *Das Hawkins* Mother's Maiden Name

Cause of Death { Primary *Not known*
 Immediate

179

How long sick *about 1 hour*
 Accident, Suicide, Homicide

Reported by *John Jenkins*
 Address *Issue 111*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
is
Full

Ada Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Nanfermy</i>		County <i>Charles</i>		MARYLAND	
Date of death	1906	Month <i>8</i>	Day <i>6</i>	Age	Years <i>1</i>	Months <i>3</i>	Days
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth- place	<i>Ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Leid Henderson</i>			Father's Birthplace	
Mother's Maiden Name			<i>cora Gipsom</i>			Mother's Birthplace	
Name of person giving in formation						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>4</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>James M. Wheeler</i>	
Address		<i>Sub Registrar</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

MARYLAND

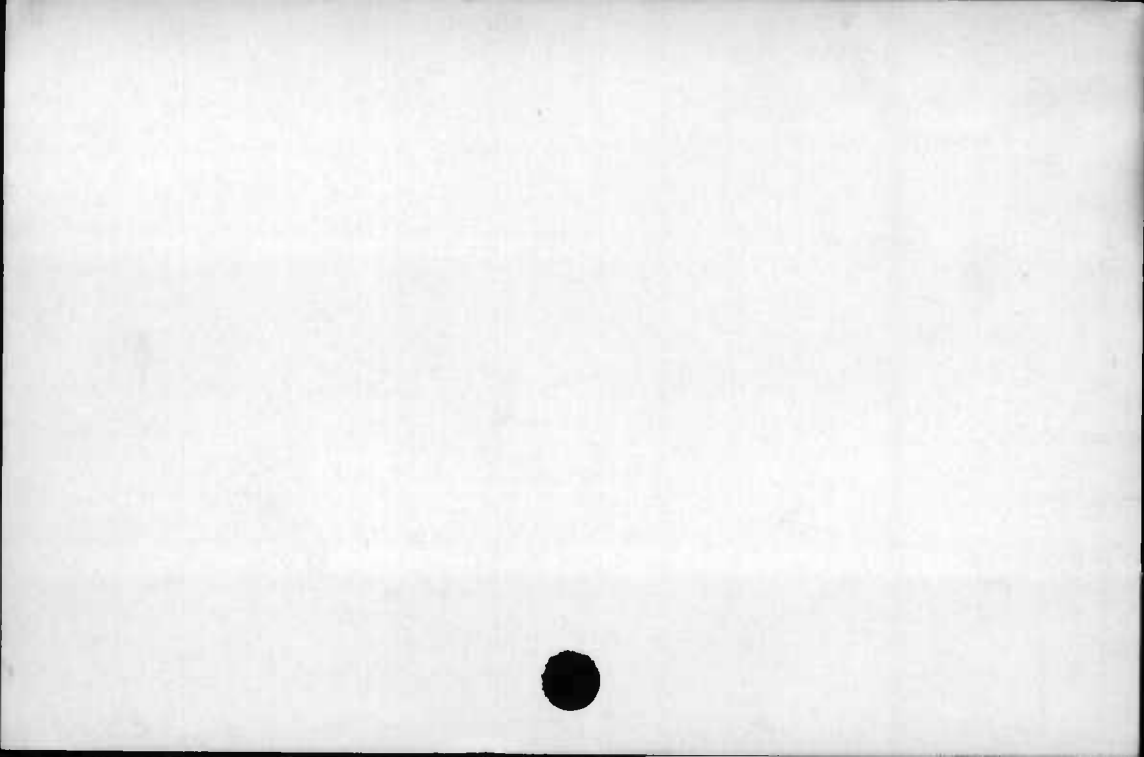
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maud Ann Kelly</i>		Town <i>Johnson Town</i>		County <i>Charles</i>	
Died at <i>Johnson Town</i>					
Date of death <i>1906</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>16</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>African</i>	Birth-place <i>Charles Co</i>			
Occupation <i>Servant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Francis Kelly</i>	Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Mary Jane Hawkins</i>	Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>John Thomas Barron</i>	How related to deceased <i>NONE</i>				

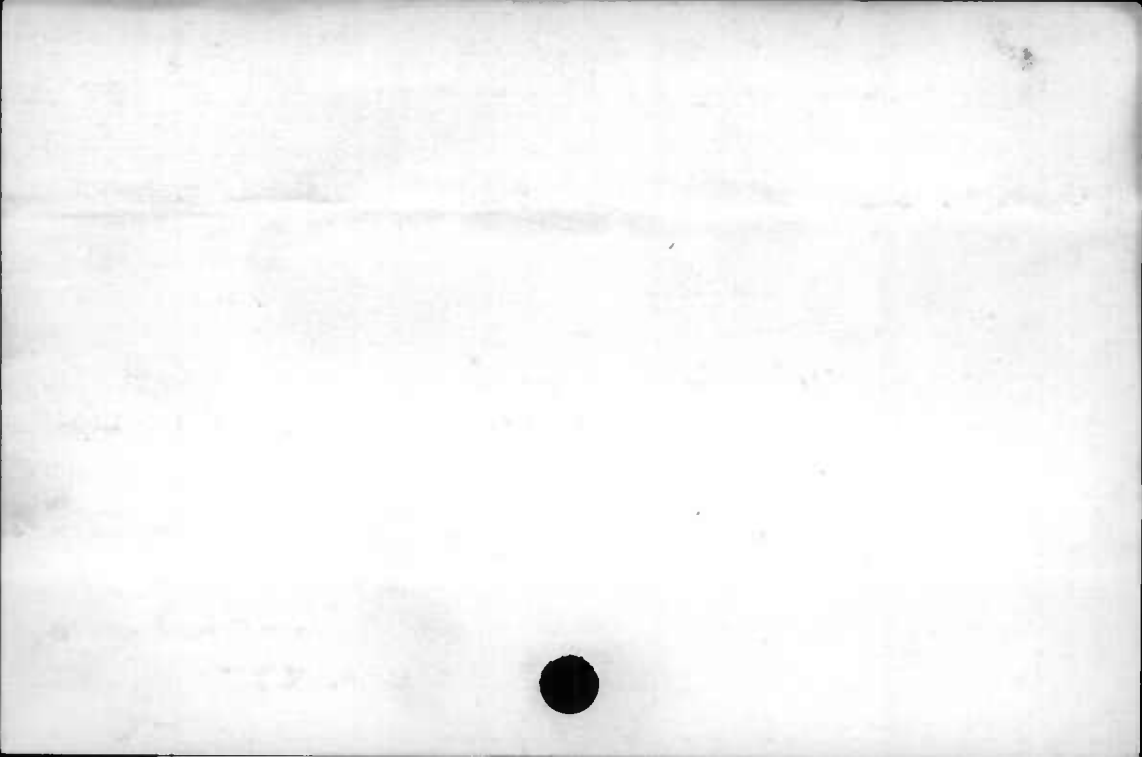
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmon. Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Asthma</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	



Name in Full		Lloyd Lee Mack -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pomunkey	County Chambers		MARYLAND	
	Date of death		Month Aug	Day 7	Age	Years —	Months —
	Sex		Male		Color or Race	Colored	
	Occupation		—		Where Residing if not at place of death at place of death		
	Married, Single or Widowed		—		Name of Wife or Husband —		
	Father's Name		Buff. Lee Mack		Father's Birthplace Chambers Co.		
	Mother's Maiden Name		Addie O. Meyer		Mother's Birthplace Chambers Co.		
Name of person giving information		B. L. Mack		How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Malnutrition		How long From birth		
	Immediate		—		How long —		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. W. Mitchell M.D.		
	Address		Pomunkey Ind.		—		
Accident or Suicide?		No					



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CERTIFICATE OF DEATH

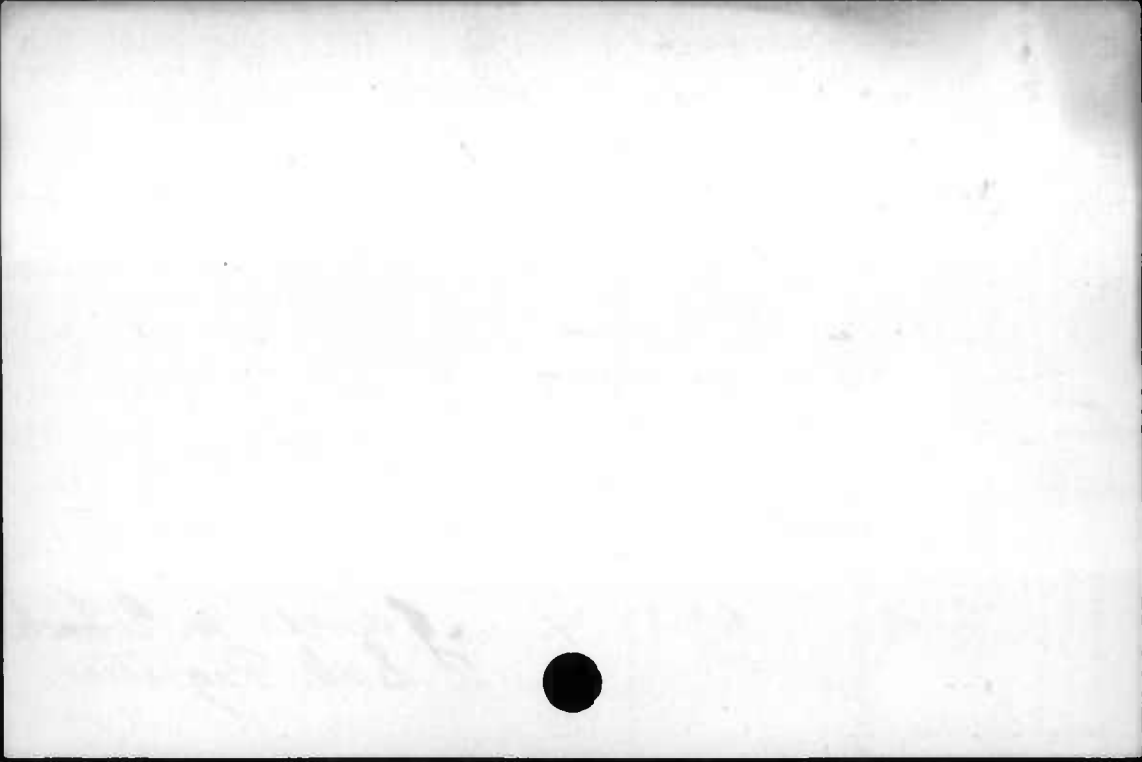
TO BE ANSWERED BY
NEAREST FRIEND

Name J. A. Mudd		Town Mar. Waldorf		County Charles		MARYLAND	
Died at		Date of death		Age		Months Days	
1906 Aug 8		47					
Sex M		Color or Race White		Birth- place Md			
Occupation Farmer		Where Residing If not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name W. A. Mudd		Father's Birthplace Md					
Mother's Maiden Name Sophia Dyer		Mother's Birthplace Md					
Name of person giving In formation Lillian Mudd		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease Kidney	How long	6 months
Immediate	Stronction	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. A. Mudd	
		Address Waldorf Md	
Accident or Suicide?			



Name
in
Full

William Robert Tolson

CERTIFICATE OF DEATH

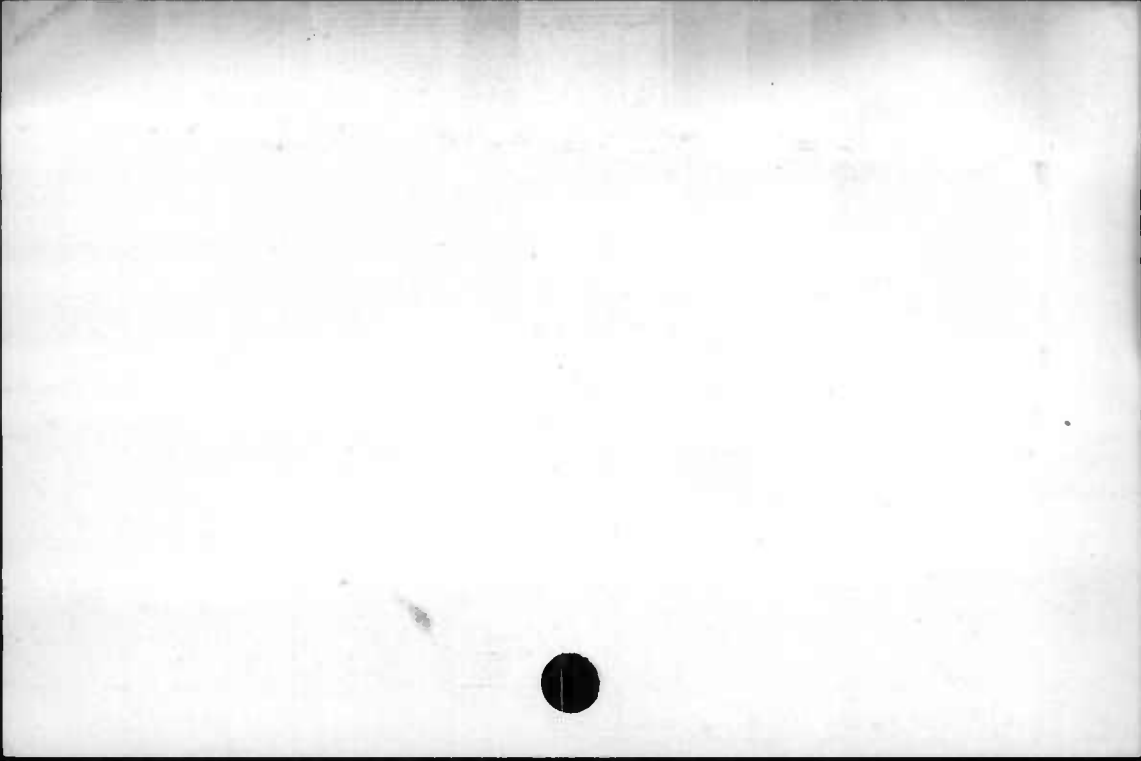
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>River Side</i>		County <i>Charles</i>		MARYLAND	
Date of death	1906	Month <i>Aug</i>	Day <i>5</i>	Age <i>1</i>	Years <i>1</i>	Months <i>3</i>	Days <i>6</i>
Sex	<i>Male</i>		Color or Race	<i>black</i>		Birth-place	<i>Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Robert Tolson</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name			<i>Dora Banister</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information						How related to deceased	

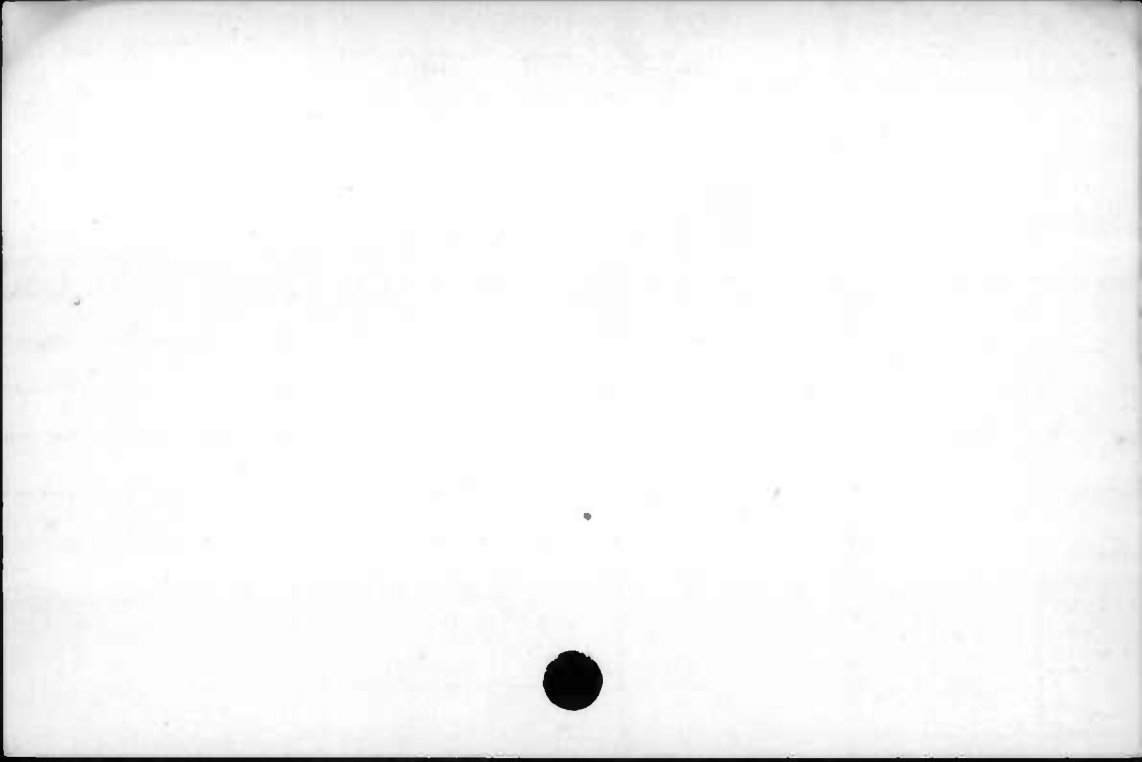
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>James M. Wheeler</i>
		Address	<i>Sub Registrar</i>
Accident or Suicide?			



Name in Full		George Warren				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Town</i> <i>Ironside</i>			County <i>Charles</i>		MARYLAND	
	Date of death	Month	Day	Age	Years	Months	Days
	<i>1906</i>	<i>Aug.</i>	<i>24</i>			<i>1</i>	<i>7</i>
	Sex	Color or Race		Birthplace			
	<i>Male</i>	<i>Colored</i>		<i>Ind.</i>			
	Occupation	Where Residing if not at place of death					
	<i>none</i>	<i>—</i>					
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband				
	<i>Single</i>		<i>none</i>				
	Father's Name				Father's Birthplace		
	<i>Wm. E. Warren</i>				<i>Ind.</i>		
	Mother's Maiden Name				Mother's Birthplace		
<i>Sarah Benson</i>							
Name of person giving information				How related to deceased			
<i>James E. Warren</i>				<i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Stomatitis</i>		How long		
					<i>2 weeks</i>		
	Immediate		<i>Heart Failure</i>		How long		
					<i>6 Hours</i>		
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		
				<i>none in attendance</i>			
		<i>Chas. Carpenter</i>		Address			
				<i>Bizgan Ind.</i>			
		Accident or Suicide? <i>Sub-Reg. 2 district</i>					



Name
In
Full

Timothy Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Aug	27	Age	72		
Sex	male	Color or Race	White	Birth-place	Md.		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	S			Name of Wife or Husband			
Father's Name	Richard Wright				Father's Birthplace	Md.	
Mother's Maiden Name					Mother's Birthplace	Md.	
Name of person giving information	Thomas H. Naring				How related to deceased	Augie B. Naring Niece.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicemia Pyio Thromb. Abscess of Lung and Liver.		How long	3 Years
Immediate	Asthemia Heart Complications		How long	One Year
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	Paul L. Hammond
			Address	La Plala. Md.
Accident or Suicide?				

